

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 JUL 18 PM 1:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000007781

1. Corporation Name
Air De Paris Corp.

Principal Place of Business Mailing Address
*1920 Collins Ave.
 Miami Beach, FL 33139*

3. Date Incorporated or Qualified *1/30/95* 3a. Date of Last Report
 4. FEL Number *65-0583804* Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Armon Elkayam
 202-25 N.E 34 CT APT 1111
 N.M.B., 33180 FL*

81 Name *ARMON ELKAYAM*
 82 Street Address (P.O. Box Number is Not Acceptable) *202-25 NE 34 CT APT 1111*
 83
 84 City *N.M.B. FL* 85 Zip Code *33180*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE *7/3/97*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<i>PRS</i>	<input type="checkbox"/> DELETE
NAME	<i>ARMON ELKAYAM</i>	
STREET ADDRESS	<i>202-25 N.E 34 CT AP 1111</i>	
CITY-ST-ZIP	<i>N.M.B. 33180 AVENTURA</i>	
TITLE	<i>VP</i>	<input type="checkbox"/> DELETE
NAME	<i>ELIZA COHEN</i>	
STREET ADDRESS	<i>20441 N.E 30 AVE AVENTURA</i>	
CITY-ST-ZIP	<i>BLD 9 33180 AP 120</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. PRS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>ARMON ELKAYAM</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>202-25 N.E 34 CT AP 1111</i>	
1.3 STREET ADDRESS	<i>N.M.B. 33180 AVENTURA</i>	
1.4 CITY-ST-ZIP		
2.1 TITLE	<i>VP</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>ELIZA COHEN</i>	
2.3 STREET ADDRESS	<i>20441 N.E 30 AVE AVENTURA</i>	
2.4 CITY-ST-ZIP	<i>BLD 9 33180 AP 120</i>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>100002245341</i>	
4.3 STREET ADDRESS	<i>-07/23/97-01094-011</i>	
4.4 CITY-ST-ZIP	<i>****165.00 ****165.00</i>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
Signature typed or printed name of signing officer or director

CR2E034 (9/96)